#### Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: LIGHT REGULATION DEVICE

Attorney Docket Number:: 04P03105

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: WOLFGANG

Middle Name::

Family Name:: LANGGASNER

City of Residence:: BAD AIBLING

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing FRANZ-XAVER-GRAF-STR. 9

Address::

City of Mailing Address:: BAD AIBLING

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 83043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: AXEL

Middle Name::

Family Name:: PILZ

City of Residence:: NEUENSTEIN

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing OBERE GARTENSTR. 25

Address::

City of Mailing Address:: NEUENSTEIN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 74632

# Correspondence Information

Correspondence Customer Number:: 24,252

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing Massachusetts

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

### Representative Information

Representative	Customer	Number::	24,252	
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# Domestic Priority Information

Application::	Continuity Typ	e::	Parent	Parent
			Application::	Filing
				Date::
This application	National Stage	e of	PCT/DE2005/000572	3/31/05

# Foreign Priority Information

Country::	Application	Filing Date::	Priority
-	Number::		Claimed::
GERMANY	10 2004 018 912.9	4/15/04	Yes

### Assignment Information

Assignee Name::

PATENT-TREUHAND-GESELLSCHAFT

FUR ELEKTRISCHE GLUHLAMPEN MBH

Street of Mailing Address:: HELLABRUNNER STR. 1

City of Mailing Address:: MUNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543